Endometrial Ablation

An alternative to hysterectomy for treatment of heavy periods

Menorrhagia is the term used to describe abnormally heavy or prolonged bleeding during menstruation. It is unfortunately very common, affecting up to 40% of women in their 40’s, and it can be quite debilitating. Until fairly recently the main surgical option for permanent relief from heavy periods has been hysterectomy. Endometrial ablation now offers a simpler alternative to hysterectomy. It can usually be performed as day surgery and only requires a few days off from normal activity.

Endometrial ablation is a technique whereby the lining of the uterus, called the endometrium, is burnt or removed, without affecting the rest of the uterus or pelvic organs. In many women this will lead to complete cessation of periods, whilst some women will still have light periods or spotting.

Endometrial ablation should only be performed on women who have completed their childbearing. Whilst destruction of the lining of the uterus reduces fertility, it does not prevent pregnancy and contraceptive methods will need to be continued. Pregnancy following endometrial ablation is contra-indicated and risky.

How is Endometrial Ablation performed?

The procedure is normally performed under local or general anesthesia in the operating theatre. The cervix is dilated and a telescope is inserted to look at the internal aspect of the uterus. A biopsy of the lining is often taken at the same time. Your doctor will use either electrical or thermal (heat) energy to burn or destroy the uterine lining. This procedure does not involve any cuts or stitches to the abdomen. The procedure itself takes between 10–30 minutes but you can expect to be in theatre and recovery for a number of hours.

What are the risks involved?

The risks associated with ablation are minimal but you should be aware that all surgical procedures carry some risk. Some specific risks related to ablation are:

- The procedure may not be able to be completed, due to narrowing of the cervix, large intra-cavity fibroids or other anatomical abnormalities.
- Uterine perforation occurs in about 1 in 200 cases. Often this is of no major consequence but may prevent completion of the procedure. Rarely this may result in damage to adjacent organs such as bowel or bladder, which may require further surgery for repair.
- Uterine infection may occur in about 1–2% of cases. This usually respond to simple antibiotic treatment
- Excessive bleeding from the uterus occurs rarely
The above list is by no means exhaustive. Your doctor can give you more details regarding the surgical risks that apply to yourself. It should be noted that women who are overweight or smoke have increased risk of many surgical complication such as infection, blood clots and an inability to complete the procedure safely.

**What to expect after the procedure**

- Women can normally go home a few hours after the procedure and can often return to work within a few days.
- Abdominal cramping is common in the first few days and can usually be managed with simple analgesics.
- It is normal to experience a bloody and/or watery vaginal discharge for up to 4 weeks.
- About 30–40% of women will stop having their periods after an ablation whilst another 50% will have lighter periods. Over time the periods may return so an ablation may not be a permanent solution for women who are many years away from the menopause. About 10% of women may not get the desired level of relief from heavy periods and may need to consider other treatment options, including hysterectomy.

For further details please see our “Advice to patients following Endometrial Ablation” information sheet.

**Contraception after an ablation**

Endometrial ablation should only be performed on women who have completed their childbearing. Whilst destruction of the lining of the uterus reduces fertility, it does not prevent pregnancy and contraceptive methods will need to be continued. Pregnancy following endometrial ablation is contra-indicated and very high risk, mostly related to poor development of the placenta. You should discuss any contraceptive needs with your doctor prior to having the procedure performed.